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CONFIRMATION NO. 8817

<b>SERIAL NUMBER</b> 09/929,227	<b>FILING OR 371(c) DATE</b> 08/13/2001 <b>RULE</b>	<b>CLASS</b> 083	<b>GROUP ART UNIT</b> 3724	<b>ATTORNEY DOCKET NO.</b> SDT 304
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**APPLICANTS**  
 Stephen F. Gass, Wilsonville, OR; *OK*  
 David S. D'Ascenzo, Portland, OR; *JA*

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/225,056 08/14/2000 and claims benefit of 60/225,057 08/14/2000  
 and claims benefit of 60/225,058 08/14/2000  
 and claims benefit of 60/225,059 08/14/2000  
 and claims benefit of 60/225,089 08/14/2000 *OK*  
 and claims benefit of 60/225,094 08/14/2000  
 and claims benefit of 60/225,169 08/14/2000  
 and claims benefit of 60/225,170 08/14/2000  
 and claims benefit of 60/225,200 08/14/2000  
 and claims benefit of 60/225,201 08/14/2000  
 and claims benefit of 60/225,206 08/14/2000  
 and claims benefit of 60/225,210 08/14/2000  
 and claims benefit of 60/225,211 08/14/2000  
 and claims benefit of 60/225,212 08/14/2000  
 and claims benefit of 60/225,059 08/14/2000 *JA*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*NONE* *JA*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 09/14/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 12	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Chassen</i> Examiner's Signature <i>Alu</i> Initials <i>JA</i>				

**ADDRESS**  
27630

**TITLE**  
Spring-biased brake mechanism for power equipment

<b>FILING FEE RECEIVED</b> 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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